

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/21/04

2 Serial/Patent # 101020,572

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input checked="" type="checkbox"/> Cert of Correction/Terminal Disc.	10	5/24/04	\$ 110	—
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 110 —	
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment	Treasury Check			
<input type="checkbox"/> Duplicate Payment	Credit Deposit A/C #:			9 <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input checked="" type="checkbox"/> No Fee Due (Explanation):	<u>TD not necessary</u>			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>E. Tammise</u>		TITLE: <u>Pat. Atty.</u>		
SIGNATURE: <u>John</u>		PHONE: <u>306-9200</u>		
OFFICE: <u>PTO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Alison Bell</u>		DATE: <u>6/3/04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B